

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street) 15305 Dallas Parkway, Suite 1600
 Check if different than previously reported. (ACC)
Addison TX 75001

2. **FEC IDENTIFICATION NUMBER** C00402073
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Wellik

Signature of Treasurer Electronically Filed by John Wellik Date 09 27 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		57528.87
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	57528.87									
(c) Total Receipts (from Line 19)	39920.00	39920.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97448.87	97448.87								
7. Total Disbursements (from Line 31)	10000.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87448.87	87448.87								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	39700.00	39700.00
(i) Itemized (use Schedule A)	220.00	220.00
(ii) Unitemized	39920.00	39920.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39920.00	39920.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39920.00	39920.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39920.00	39920.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10000.00	10000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	39920.00	39920.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39920.00	39920.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Texas Brain & Spine Institute		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 3060 Communications Pkwy		Transaction ID: 70731.C203
City Plano	State TX	Zip Code 75093-8449
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Texas Brain & Spine Institute	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John Almeida, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 136 Harrison Ave		Transaction ID: 70731.C249
City New Canaan	State CT	Zip Code 06840-5803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Welsh Carson Anderson & Stowe	Occupation Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Stephen P. Ash		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 5905 Highland Hills Ln		Transaction ID: 70731.C241
City Colleyville	State TX	Zip Code 76034-5739
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Bedford	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Carl O. Atkins Jr.

Mailing Address 203 S Erlwood Ct

City Richmond State VA Zip Code 23229-7678

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Marys Occupation DDS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Transaction ID: 70731.C231

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Elbert W. Baker, Jr.

Mailing Address 4106 Legend Hall Dr

City Nashville State TN Zip Code 37215-2421

FEC ID number of contributing federal political committee. **C**

Name of Employer Physicians Pavillion Surg. Ctr Occupation DDS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: 70731.C245

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dawn Bankston-Troiani

Mailing Address 1908 Spring Blossom Ct

City McKinney State TX Zip Code 75070-6369

FEC ID number of contributing federal political committee. **C**

Name of Employer Frisco Medical Center Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	7

Transaction ID: 70731.C225

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Carl Battaglia

Mailing Address 9603 Stonebridge Lake Dr

City State Zip Code
Tomball TX 77375-3276

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: 70731.C197

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bruce Bollinger

Mailing Address 4401 Ridgehaven Rd

City State Zip Code
Fort Worth TX 76116-7313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ft. Worth Hospital MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70731.C236

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Francis Bonner III

Mailing Address 17070 Red Oak Dr Ste 205

City State Zip Code
Houston TX 77090-2615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70731.C213

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Louis Bujnoch

Mailing Address 2320 Bolsover St

City State Zip Code
Houston TX 77005-2612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 70731.C229

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert F. Caldwell

Mailing Address 832 Pisgah Park

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nashville DMD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70731.C256

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Chaney

Mailing Address 17070 Red Oak Dr Ste 307

City State Zip Code
Houston TX 77090-2616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70731.C217

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
John D. Clark

Mailing Address 120 E End Ave Apt 14-A

City State Zip Code
New York NY 10028-7552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Welsh Carson Anderson & Stowe Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2007

Transaction ID: 70731.C242

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Peter Dawson

Mailing Address 506 Saddlewood Ln

City State Zip Code
Houston TX 77024-5404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2007

Transaction ID: 70731.C211

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Dean

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70731.C218

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Anthony J. Denicola

Mailing Address 214 Greenridge Rd

City State Zip Code
 Franklin Lakes NJ 07417-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Welsh Carson Anderson & Stowe Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: 70731.C250

Amount of Each Receipt this Period
 750.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Vincent Digregorio

Mailing Address 110 6th St

City State Zip Code
 Garden City NY 11530-5803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Long Island Day-Op MD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: 70731.C252

Amount of Each Receipt this Period
 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
 Ray Fitzgerald

Mailing Address 15402 Brandonwood Pl

City State Zip Code
 Houston TX 77069-1540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 TOPS MD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 7

Transaction ID: 70731.C206

Amount of Each Receipt this Period
 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Roland Fleck

Mailing Address PO Box 1766

City State Zip Code
Jackson WY 83001-1766

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jackson Hole ASC MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 70731.C230

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Fong

Mailing Address 3801 W 15th St Ste 110

City State Zip Code
Plano TX 75075-7752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Frisco Medical Center MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 70731.C204

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Terry Gemas

Mailing Address 6732 Sondra Dr

City State Zip Code
Dallas TX 75214-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Park Cities MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 70731.C234

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wayne Hey

Mailing Address 1101 University Dr

City State Zip Code
Fort Worth TX 76107-3012

FEC ID number of contributing federal political committee. **C**

Name of Employer Ft. Worth Hospital Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 70731.C207

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Christopher Hull

Mailing Address 6125 Forest Highlands Dr

City State Zip Code
Fort Worth TX 76132-4443

FEC ID number of contributing federal political committee. **C**

Name of Employer Ft. Worth Osteopathic Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 70731.C226

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jose Iglesias

Mailing Address PO Box 90567

City State Zip Code
Houston TX 77290-0567

FEC ID number of contributing federal political committee. **C**

Name of Employer TOPS Occupation Medical doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 70731.C205

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Texas Back Institute		Date of Receipt MM / DD / YYYY 04 / 26 / 2007
Mailing Address 6020 W Parker Rd Ste 200		Transaction ID: 70731.C202
City Plano	State TX	Zip Code 75093-8172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Texas Back Institute	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. F.R. Joseph		Date of Receipt MM / DD / YYYY 05 / 08 / 2007
Mailing Address 1605 Brandon Hall Dr		Transaction ID: 70731.C238
City Atlanta	State GA	Zip Code 30350-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Atlanta Roswell ASC	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard J. Joseph		Date of Receipt MM / DD / YYYY 06 / 11 / 2007
Mailing Address 6342 McCommas Blvd		Transaction ID: 70731.C254
City Dallas	State TX	Zip Code 75214-3034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Baylor Dallas	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kathy Lamprecht

Mailing Address 2007 Marchwood Manor Dr

City State Zip Code
Houston TX 77090-2218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOPS MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70731.C235

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Amy Leverant

Mailing Address 11435 N 73rd Way

City State Zip Code
Scottsdale AZ 85260-5451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pheonix MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70731.C255

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
D. Scott Mackesy

Mailing Address 8 Locust Ln

City State Zip Code
Bronxville NY 10708-4916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Welsh Carson Anderson & Stowe Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: 70731.C243

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Metroplex Pain Management PA

Mailing Address 221 Bedford Rd Ste 200
Ste 200

City Bedford State TX Zip Code 76022-6250

FEC ID number of contributing federal political committee. **C**

Name of Employer Metroplex Pain Mgmt Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 7

Transaction ID: 70731.C209

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leonard Marchinski

Mailing Address 301 S 7th Ave

City Reading State PA Zip Code 19611-1410

FEC ID number of contributing federal political committee. **C**

Name of Employer United Surgical Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 70731.C208

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
C. Kyle McCutcheon

Mailing Address 8800 Brae Acres Rd

City Houston State TX Zip Code 77074-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer Houston MH Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 7

Transaction ID: 70731.C246

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kathleen R. McDonald

Mailing Address 2306 Airline Dr

City State Zip Code
Friendswood TX 77546-5508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Houston Southeast MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2007

Transaction ID: 70731.C239

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Howard Mertz

Mailing Address 3113 Forrest Park Ave

City State Zip Code
Nashville TN 37215-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Physicians Pavillion Surg. Ctr MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: 70731.C257

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gregory Messenger

Mailing Address 1805 Bramble Dr

City State Zip Code
East Lansing MI 48823-1729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lancing Surgery Center MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2007

Transaction ID: 70731.C223

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert Minicucci

Mailing Address 159 Long Neck Point Rd

City State Zip Code
Darien CT 06820-5815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Welsh Carson Anderson & Stowe Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2007

Transaction ID: 70731.C251

Amount of Each Receipt this Period
750.00

Receipt

B. Full Name (Last, First, Middle Initial)
M. Mokiso Murrill

Mailing Address 5725 Georgetown Ave

City State Zip Code
Baton Rouge LA 70808-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baton Rouge MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 70731.C237

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
J.W. Oglesby

Mailing Address 4512 Millrace Ln

City State Zip Code
Nashville TN 37205-2918

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nashville Plaza MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2007

Transaction ID: 70731.C247

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Keith Osborn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 1840 Ridgefield Dr		Transaction ID: 70731.C227	
City State Zip Code Roswell GA 30075-4142	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Atlanta Resurgens	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Cami Overton		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 47010 N Meander Rd		Transaction ID: 70731.C199	
City State Zip Code New River AZ 85087-8212	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer United Surgical	Occupation RVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Robert G. Parker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 14441 Memorial Dr Ste 16		Transaction ID: 70731.C224	
City State Zip Code Houston TX 77079-6737	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer W. Houston Surgicare	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Advanced Podiatry Group		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 4840 W Panther Creek Dr Ste. 100		Transaction ID: 70731.C201
City Spring	State TX	Amount of Each Receipt this Period 500.00
Zip Code 77381-3528	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Advanced Podiatry Group	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. J. Michael Putnam		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 11926 Tavel Cir		Transaction ID: 70731.C222
City Dallas	State TX	Amount of Each Receipt this Period 500.00
Zip Code 75230-2232	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baylor	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lori Rameriz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 407 E Cowan Dr		Transaction ID: 70731.C198
City Houston	State TX	Amount of Each Receipt this Period 1500.00
Zip Code 77007-5027	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer United Surgical	Occupation RVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
R. Mills Roberts

Mailing Address 1505 Cottonwood Valley Cir N

City Irving State TX Zip Code 75038-5931

FEC ID number of contributing federal political committee. **C**

Name of Employer Irving Coppell Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: 70731.C248

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Raymond Roffi

Mailing Address 705 W Queen Creek Rd Unit 1160

City Chandler State AZ Zip Code 85248-3412

FEC ID number of contributing federal political committee. **C**

Name of Employer Pheonix Chandler Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Transaction ID: 70731.C233

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Rose

Mailing Address 5330 Val Verde St.

City Houston State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer TOPS Occupation Medical doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	7

Transaction ID: 70731.C212

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Alan Rosen		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 17270 Red Oak Dr Ste 200 Ste. 200		Transaction ID: 70731.C215
City State Zip Code Houston TX 77090-2632	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer TOPS	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Steven Stern		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 17070 Red Oak Dr Ste 201C		Transaction ID: 70731.C216
City State Zip Code Houston TX 77090-2615	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer TOPS	Occupation Medical doctor	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Phillip Sutton		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address 17203 Red Oak Dr. Ste. 203		Transaction ID: 70731.C214
City State Zip Code Houston TX 77090-1062	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer TOPS	Occupation Medical doctor	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Sanjay Swani		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 320 Park Ave		Transaction ID: 70731.C244	
City State Zip Code New York NY 10022-6815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Welsh Carson Anderson & Stowe	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Charles A. Wallace		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 17110 Dallas North Parkway, #100		Transaction ID: 70731.C232	
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Valley View DFW	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Patrick Welsh		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 7 Sea Ct		Transaction ID: 70731.C253	
City State Zip Code Vero Beach FL 32963-3466	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Welsh Carson Anderson & Stowe	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven B. Wertheim		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address 70 Old Stratton Chase NW		Transaction ID: 70731.C240	
City Atlanta	State GA	Zip Code 30328-3652	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Atlanta Resurgens	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Nancy West		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 308 Orpha Dr		Transaction ID: 70731.C221	
City Smyrna	State TN	Zip Code 37167-6159	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer OrthoLink	Occupation IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. William Wilcox		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 9726 Rockbrook		Transaction ID: 70731.C210	
City Dallas	State TX	Zip Code 75220	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer United Surgical	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	39700.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael Burgess for Congress		Transaction ID: 70731.E88 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00	
City Denton State TX Zip Code 76202-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	
Candidate Name MICHAEL BURGESS	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	POLITICAL CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Mike Crapo for US Senate		Transaction ID: 70731.E89 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address PO Box 1945		Amount of Each Disbursement this Period 1000.00	
City Boise State ID Zip Code 83701-1945	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	
Candidate Name MICHAEL D CRAPO	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	POLITICAL CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. McConnell Senate Committee 08		Transaction ID: 70731.E90 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 1000.00	
City Louisville State KY Zip Code 40201-1496	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	
Candidate Name MITCH MCCONNELL	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	POLITICAL CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of John Barrow		Transaction ID: 70731.E91 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31412-8166	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name JOHN J BARROW		POLITICAL CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Berkley for Congress		Transaction ID: 70731.E92 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 3069 Conquista Ct		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89121-3866	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name SHELLEY BERKLEY		POLITICAL CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Transaction ID: 70731.E93 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10027-5570	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name CHARLES B RANGEL		POLITICAL CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	10000.00

Form/Schedule: **F3XA**

Transaction ID: **C00402073**

USPI PAC is filing this amendment to include the contributor information that was not included on the 2007 mid-year report, as requested by an RFAI dated Sept. 7, 2007. At the time of the filing, USPI PAC was still in the process of obtaining some of the information. USPI PAC diligently continued to follow-up with contributors to obtain all information, and this amended report provides complete information on each contributor. Please note that as described on the original USPI PAC 2007 mid-year report, some of the contributors to USPI PAC inadvertently made contributions from the accounts of their practices. Refunds were issued in July 2007 and will be reported on the 2007 year-end report.